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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Kiribayashi

Serial No.: 10/673,277

Filed: 9/30/2003

Title: VEHICLE OCCUPANT DETECTION
APPARATUS PROVIDING STATUS
INFORMATION CONCERNING
OCCUPANT OF VEHICLE SEAT

Atty. Dkt.: 11-195

Art Unit: 3661

Examiner: Dalena TRAN

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: 3 March 2005

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 703-872-9306) on this date: 3 March 2005

Typed Name: Cynthia K. Nicholson

Signature: 

AMENDMENT UNDER 37 CFR 1.111

Sir:

In response to the office action mailed 4 November 2004, please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks begin on page 7 of this paper.

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POSZ LAW GROUP, PLC

ATTORNEYS AT LAW

11250 ROGER BACON DRIVE, SUITE 10
RESTON, VA 20190

DAVID G. POSZ
JAMES E. BARLOW
BRIAN C. ALTMILLER
ROBERT L. SCOTT, II
CYNTHIA K. NICHOLSON

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

TEL: (703) 707-9110
FAX: (703) 707-9112
www.poszlaw.com

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Date: March 3, 2005

Pages: 14 (including this page)

From: Cynthia K. Nicholson

To: USPTO

Fax No.: 703-872-9306

Subject: Amendment

Comments:

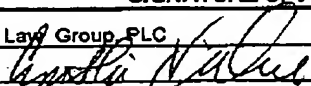
Applicant: Kiribayashi	Serial No.: 10/673,277
Filing Date: 9/30/2003	Atty Dkt.: 11-195
Title: VEHICLE OCCUPANT DETECTION APPARATUS PROVIDING STATUS INFORMATION CONCERNING OCCUPANT OF VEHICLE SEAT	
<p>Attached please find:</p> <ul style="list-style-type: none">(1) Transmittal form;(2) Petition for Extension of Time;(3) Fee Transmittal; and(4) 10-page Amendment	

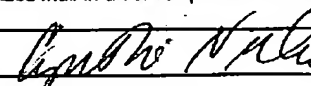
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/673,277
	Filing Date	09/30/2003
	First Named Inventor	Kinbayashi
	Art Unit	3661
	Examiner Name	Dalena TRAN
Total Number of Pages in This Submission	Attorney Docket Number	11-195

ENCLOSURES <i>(Check all that apply)</i>		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks:		

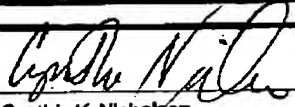
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature			
Printed name	Cynthia K. Nicholson		
Date	3 March 2005	Reg. No.	36,880

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Cynthia K. Nicholson	Date	3 March 2005

<p><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Application Number 10/673,277	
		Filing Date 9/30/2003	
		First Named Inventor Kiribayashi	
		Examiner Name Dalena TRAN	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27		Art Unit 3661	
TOTAL AMOUNT OF PAYMENT (\$) 120		Attorney Docket No. 11-195	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> None <input type="checkbox"/> Other (please identify):	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz & Bethards, PLC	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	
<input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	
2. EXCESS CLAIM FEES							Small Entity
Fee Description							Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.							50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							200
Multiple dependent claims							360
Total Claims							180
- 20 or HP =		x			Multiple Dependent Claims		
HP = highest number of total claims paid for, if greater than 20					Fee (\$)		Fee Paid (\$)
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =		x					
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ (\$ for small entity)							
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
- 100 =	/ 50 =	(round up to a whole number) x					
4. OTHER FEE(S)							
Non-English Specification,		\$130 fee (no small entity discount)					
Other, Petition for Extension of Time (1 month)						120	

SUBMITTED BY		
Signature		Registration No. 36,880
Name (Print/Type)	Cynthia K. Nicholson	Telephone (703) 707-9110
		Date 3 March 2005